True Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 12/18/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Posterior lumbar interbody fusion with 3-day LOS

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☑ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

Patient is a male with complaints of back pain. On XX/XX/XX, an MRI of the lumbar spine was obtained revealing interval development of a left sided synovial cyst at L4-5, causing impingement on the left sided exiting and traversing nerve roots at that level. At L5-S1 there was no significant canal stenosis or neuroforaminal narrowing. On XX/XX/XX, the patient returned to clinic. It was noted he had undergone physical therapy and injections which made his back better. He was taking Hydrocodone for pain. On exam, strength in the lower extremities was considered normal and reflexes were hypoactive in the ankles and present at the knees. It was noted that he had radicular and claudication symptoms, secondary to instability and synovial cysts resulting in stenosis at L4-5 and a decompression and stabilization at the L4-5 level was recommended. On XX/XX/XX, a pre-surgical behavioral consultation note was performed, noting the patient was cleared for surgery with a fairly good psychosocial prognosis for pain reduction and functional improvement.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On XX/XX/XX, a utilization review report noted the request for a posterior lumbar interbody fusion with a 3 day length of stay, was not medically necessary, and the Official Disability Guidelines low back chapter was utilized as a reference source. It was noted that the referenced x-ray noted grade 1 spondylolisthesis at L4-5 with no description of dynamic motion, but there was also an independent radiological assessment, and spondylolisthesis was also not reported on that MRI. It was noted that if the contemplated surgery was not substantiated, the request for a 3 day inpatient stay also was not recommended. On XX/XX/XX, a utilization review report noted the request was non-certified, and there was a lack of independent x-rays confirming the patient's instability.

For this review, an independently read imaging study, documenting instability to the spine was not provided for

this review. This was used as the rationale, by the treating provider; as such, medical necessity for the procedure has not been met. Thus, medical necessity for the 3 day length of stay has not been met.

It is the opinion of this reviewer that the request for a posterior lumbar interbody fusion with a 3 day length of stay is not medically necessary and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)